



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/23/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986994101

FACILITY NAME -> JENKOL CORP

MAILING ADDRESS -> 312 HEMPSTEAD AVE  
MALVERNE, NY 11565

INSTALLATION ADDRESS -> 312 HEMPSTEAD AVE  
MALVERNE, NY 11565

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: KING, ROBERT  
PRES  
JENKOL CORP  
312 HEMPSTEAD AVE  
MALVERNE, NY 11565

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

WALK-IN (UB)

United States Environmental Protection Agency

**Notification of Regulated Waste Activity**Date Received  
(For Official Use Only)

3-13-92

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NYD986994101

**II. Name of Installation (Include company and specific site name)**

JENKOL CORP.

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

312 HEMPSTEAD AVE.

Street (continued)

City or Town

MALVERNE

State

ZIP Code

NY 11565-

County Code

County Name

NASSAU

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

312 HEMPSTEAD AVE.

City or Town

MALVERNE

State

ZIP Code

NY 11565-

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last)

KING

(first)

ROBERT

Job Title

PRES.

Phone Number (area code and number)

516-599-9839

**VI. Installation Contact Address (See Instructions)**A. Contact Address  
Location Mailing

B. Street or P.O. Box

312 HEMPSTEAD AVE.

City or Town

MALVERNE

State

ZIP Code

NY 11565-

**VII. Ownership (See Instructions)****A. Name of Installation's Legal Owner**

JENKOL CORP.

Street, P.O. Box, or Route Number

312 HEMPSTEAD AVE.

City or Town

MALVERNE

State

ZIP Code

NY 11565-

Phone Number (area code and number)

516-599-9839

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)

Month Day Year

Yes

No

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☒ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -  
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer  
(or On-site Burner) Who First Claims  
the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EF Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EF Toxic contaminant(s))
- \_\_\_\_\_

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

ROBERT KING PRES

Date Signed

3/9/92

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)